



CDC / Healthcare Infection Control Practices Advisory Committee (HICPAC) Update



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Background on HICPAC

- Purpose:
 - Federal advisory committee that provides advice and guidance to CDC & the Secretary of the Department of Health and Human Services (HHS) regarding the practice of health care infection prevention & control, strategies for surveillance and prevention and control of HAIs
- 14 members; 6 ex officio (other HHS agencies); 11 liaisons (other professional organizations, consumers, etc.)
- Established in 1991; 3 meetings/year
- <http://www.cdc.gov/ncidod/dhqp/hicpac.html>



Recent Activities at HICPAC

- H1N1 (2009) isolation precautions
- Draft Guidelines:
 - Catheter-Associated UTI (CAUTI)
 - Norovirus
 - Intravascular Catheter-Related Infections; update, 2009
 - Guideline Methodology
- Other publications:
 - Preventability, cost & mortality of HAIs
 - Guidance for Jurisdictions Considering methicillin-resistant *Staphylococcus aureus* (MRSA) Legislation

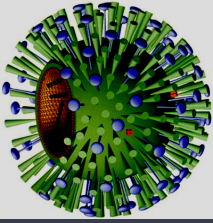



Recent Activities at HICPAC

- Under Development
 - Revised Guidelines:
 - Surgical Site Infection (SSI) ; current = 1999
 - Personnel Health; current = 1998
 - New Guideline:
 - Ambulatory Care
 - Other Initiatives:
 - Pneumovax (PPV 23) – healthcare personnel
 - BSI prevention: NICU specific
 - Gap analysis of existing HICPAC Guidelines relative to applicability to pediatric population






Novel Influenza A (H1N1) Infection Control Working Group



David A. Pegues, MD
Chair

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H1N1 Working Group Charge

- Review influenza epidemiology
 - Duration of infectivity
 - Transmission in community and healthcare facilities
 - Role of the environment
- Discuss influenza transmission studies
 - Animal models
 - Human volunteers
 - Epidemiologic and laboratory studies
- Discuss current infection control recommendations for novel H1N1 (swine flu) and seasonal influenza
- Make infection control recommendation for healthcare facilities for H1N1 (swine flu)

Current Infection Control precautions: Influenza

- **Pandemic H1N1 (2009)**
 - Respiratory hygiene and cough etiquette
 - Patient placement:
 - Private room
 - AIIR for procedure likely to generate aerosols
 - Isolation precautions
 - Standard and Contact Precautions + eye protection
 - Respiratory protection:
 - Fit-tested N95 mask or better for all persons entering the room
- **Seasonal Influenza, HICPAC 07**
 - Respiratory hygiene/cough etiquette
 - Patient placement:
 - Private room; cohort, if necessary
 - Isolation precautions
 - Standard and Droplet Precautions
 - Respiratory protection:
 - Surgical mask when entering patient room

Tale of Two Positions: Epidemiology vs Occupational Health / Industrial Hygiene

- **Position 1**
 - NIOSH-certified fit-tested respirators currently should remain the standard for respiratory protection for health care workers caring for patients infected with H1N1 (swine flu)
 - Virus: lack of preexisting immunity and vaccine and potential for increased virulence are concerns
 - Respiratory protection: performance of respiratory vs. surgical mask against aerosol challenge
- **Position 2**
 - Precautions for seasonal influenza (Standard and Droplet) currently are sufficient in healthcare facilities.
 - Superiority of N95 respirator vs. surgical mask in preventing influenza infection has not been demonstrated
 - Respiratory protection will not impact transmission of influenza in the community
 - Epidemiology and virulence of H1N1 (2009) is consistent with that of seasonal influenza

Next Steps: HICPAC will provide recommendation to CDC

GUIDELINE FOR PREVENTION OF CATHETER-ASSOCIATED URINARY TRACT INFECTIONS 2008

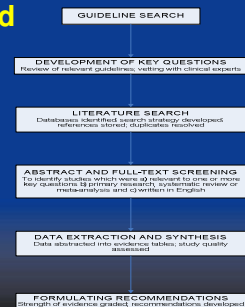
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Notice of request for review and comment published in Federal Register, 06/03/2009

KEY DATE: Comments were due July 6, 2009.

New Evidence-Based Approach to Development & Updating Of HICPAC Guidelines



Key Questions for CAUTI Prevention Guideline Revision

1. Who should receive urinary catheters?
 - a. When is urinary catheterization necessary?
 - b. What are the risk factors for CAUTI?
 - c. What populations are at highest risk of mortality related to urinary catheters?
2. For those who may require urinary catheters, what are the best practices?
 - a. What are the risks and benefits associated with:
 - b. Different approaches to catheterization?
 - c. Different catheters or collecting systems?
 - d. Different catheter management techniques?
 - e. Different systems interventions (i.e., quality improvement programs)?
3. What are the best practices for preventing CAUTI associated with obstructed urinary catheters?

Draft HICPAC Recommendations, CAUTI Prevention; select highlights

- **I. Appropriate Urinary Catheter Use:**
 - A. Insert catheters only for appropriate indications (see Table 2 for guidance), and leave in place only as long as needed. **(Category IA)** (Key Questions 1B and 2C)
 1. Minimize use and duration of use in all patients
 2. Do not use urinary catheters for management of incontinence
 3. Use urinary catheters in operative patients only as necessary, rather than routinely
 4. For operative patients who have an indication for an indwelling catheter, remove the catheter as soon as possible postoperatively, preferably within 24 hours, unless there are appropriate indications for continued use
- [see also: Wald HL, et al. Arch Surg 2008;143:551-7; Russ's pick – not in draft Guideline]

Table. 2 Appropriate indications for indwelling urethral catheter use

Patient has acute urinary retention or obstruction

Need for accurate measurements of urinary output in critically ill patients

Perioperative use for selected surgical procedures:

- Patients undergoing urologic surgery or other surgery on contiguous structures of the GU tract
- Anticipated prolonged duration of surgery (these should be removed in PACU)
- Patients anticipated to receive large-volume infusions or diuretics during surgery
- Operative patients with urinary incontinence

To assist in healing of open sacral or perineal wounds in incontinent patients

Patient requires prolonged immobilization (e.g. potentially unstable thoracic or lumbar spine)

To improve comfort for end of life care if needed

**Table 2, continued:
Indwelling catheters should not be used:**

- As a substitute for nursing care of the patient or resident with incontinence
- As a means of obtaining urine for culture or other diagnostics when the patient can voluntarily void
- Prolonged post-operative duration without appropriate indications
- Routinely for patients receiving epidural anaesthesia /analgesia

Draft HICPAC Recommendations, CA-UTI Prevention; select highlights

II. Proper Techniques for Urinary Catheter Insertion

- Perform hand hygiene immediately before and after insertion or any manipulation of the catheter device or site.
- Ensure that only properly trained persons (e.g., hospital personnel, family members, or patients themselves) who know the correct technique of aseptic catheter insertion and maintenance are given this responsibility.
- Insert catheters using aseptic technique and sterile equipment (except as stated where clean technique is appropriate for chronic intermittent catheterization).
- Properly secure indwelling catheters after insertion to prevent movement and urethral traction.
- Consider using the smallest bore catheter possible, consistent with good drainage, to minimize urethral trauma.

Draft HICPAC Recommendations, CA-UTI Prevention; select highlights

III. Proper Techniques for Urinary Catheter Maintenance.

- Maintain a sterile, continuously closed drainage system
- Maintain unobstructed urine flow.
- Use standard precautions – catheter system contact
- Complex urinary drainage systems need not be used
- Do not change indwelling catheters or drainage bags at arbitrary fixed intervals
- Do not use systemic antimicrobials routinely to prevent CAUTI
- Do not clean the periurethral area with antiseptics to prevent CAUTI while the catheter is in place. Routine hygiene (e.g., cleansing of the meatal surface during daily bathing) is appropriate. (Cat.IB)

Draft HICPAC Recommendations, CA-UTI Prevention; select highlights

Catheter Materials, section III

M. Silver alloy-coated catheters need not be used routinely to prevent CAUTI. (Cat.II; key question 2B)

- Further research is needed on the effect of silver alloy-coated catheters in reducing the risk of clinically significant CAUTI outcomes and on the benefit of silver-coated catheters in selected patients at high risk of infection. (No recommendation/unresolved issue; key question 2B)

N. Antibiotic-coated catheters need not be used routinely to prevent CAUTI. (Cat. II; key question 2B)

=====Other aspects =====

W. To minimize the chances of cross-infection, consider placing patients with indwelling catheters with and without CAUTI in separate rooms. (Cat. II; key question 2D)

Draft HICPAC Recommendations, CA-UTI Prevention; select highlights

IV. Quality Improvement Programs

- Consider implementing quality improvement (QI) programs to enhance appropriate use of indwelling catheters and to reduce the risk of CAUTI. (Cat. II; key question 2D).
 - to assure appropriate utilization of catheters;
 - to identify and remove catheters that are no longer needed (e.g., continuous, daily review of their continued need); and
 - to ensure hand hygiene and proper care of catheters

Examples:

- Alert / reminder system
- RN-directed removal protocol
- Education & performance feedback